

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
STATE LABORATORY INSTITUTE  
LABORATORY PERSONNEL QUALIFICATION APPRAISAL**

NAME (Last, First, Middle)

DATE OF HIRE

LABORATORY

SUPERVISOR'S NAME

CLIA SPECIALTY

DATE OF NEW EMPLOYEE ORIENTATION

CLIA SUBSPECIALTY

HEPATITIS B IMMUNIZATION OFFERED?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**CLIA POSITION TITLE**

- Director
- Clinical Consultant
- Technical Supervisor
- General Supervisor
- Testing Personnel

**SLI FUNCTIONAL TITLE**

- Director
- Chief
- Supervisor
- Bacteriologist
- Chemist
- Technician

EDUCATION: High School Graduate or equivalent:  YES  NO

**COLLEGE, UNIVERSITY OR OTHER SCHOOLS(S) ATTENDED:**

NAME AND ADDRESS  
OF INSTITUTION

ATTENDED  
FROM TO

MAJOR

DEGREE, DIPLOMA OR CERTIFICATE  
(Include month and year conferred)

---

---

---

**VERIFICATION OF DEGREE, DIPLOMA, CERTIFICATE AND TRANSCRIPT OF GRADES IS REQUIRED**

**CLINICAL LABORATORY TRAINING** (each training period fulfilling or partially fulfilling a Degree, Diploma or Certificate)

NAME AND ADDRESS  
OF INSTITUTION  
(include month and year  
conferred)

ATTENDED  
FROM TO

MAJOR/  
PROGRAM

DEGREE, DIPLOMA OR CERTIFICATE  
(include month and year)

---

---

---

---

**LICENSE, CERTIFICATION OR REGISTRATION**

NAME OF GRANTING AGENCY	LICENSURE/CERTIFICATION OR REGISTRATION TITLE	GRANTED MO YR	LICENSE, CERTIFICATE OR REGISTRATION #

(Verification of Board Eligibility may be requested.)

**CLINICAL LABORATORY EXPERIENCE**

NAME AND ADDRESS OF LABORATORY OR INSTITUTION – BEGIN WITH MOST RECENT EMPLOYMENT. ANY GAPS IN EMPLOYMENT WILL BE ASSUMED TO BE NON-CLINICAL LABORATORY WORK PERIODS.	PERIOD EMPLOYED		POSITION(S) HELD	Experience in the following						
	FROM MO YR	TO MO YR		MYCOBACTERIOLOGY	MYCOLOGY	PARASITOLOGY	CHEMISTRY	IMMUNOLOGY	MICROBIOLOGY	MOLECULAR VIROLOGY

**REMARKS:** (Add information pertinent to your education, training, employment, etc. not included above.)

---



---



---



---



---



---



---



---



---



---